

REPORTS INVENTORY

CONTROL NO.:

PREPARE IN DUPLICATE

DD5/OC-007

1. TITLE OF REPORT (if a fill-in report include Form No.)

Review of OC-OPI Forms

2. TYPE
OF
REPORT☒

STATISTICAL

NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

COMMUNICATIONS

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annually

6. DISTRIBUTION (No. of components not
number of copies)

1

7. FORMAT (memorandum, form,
computer print-out, etc)

Memo

8. ADP PROCESSING

☐ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

OC Order 70.2

10. PREPARING COMPONENT (include lowest level
contributing information to report)

OC-CCD/CCL/COB

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

None

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	<input type="checkbox"/> COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	<input type="checkbox"/> COST PER YEAR
6, Step 2	\$ 3.62	2	\$ 7.00	1	\$ 7.00
15, Step 5	12.47	2	25.00	1	25.00
16, Step 4	14.04	1	14.00	1	14.00
TOTALS					\$46.00

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.Provide an annual review for OC-RMS to update, condense, or eliminate forms
used by OC.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

MAN-HOURS

DOLLARS

15. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

STA7 Oct. 70